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ABSTRACT

Demographic studies indicate that the United States is becoming a richer mix of cultures, and that multicultural diversity is especially reflected among young children with special educational needs. Children of color are the most rapidly increasing population group and the largest group at risk for disabilities. Black and Hispanic American children are more likely than White children to live in poverty, which makes them more vulnerable to disabling conditions and learning problems. Preschool children comprise the poorest of these at-risk minority groups. Interviews with two administrators, one parent, and one teacher from states with varied cultural groups suggest the following strategies for identifying and meeting the special needs of young minority group children: (1) target public awareness locally; (2) involve local programs in planning statewide awareness campaigns; (3) translate public awareness materials into appropriate languages and dialects; (4) involve cultural groups in planning public awareness activities; (5) develop initiatives for increasing the number of minority professionals and paraprofessionals in the early childhood field; (6) increase the number and involvement of minority group members in advisory and policymaking groups; (7) collaborate with cultural communities providing services; (8) increase trust by being a resource for cultural communities; (9) support community groups with services they identify for themselves; (10) provide services for persons of color who serve in advisory and policymaking groups; and (11) train service providers to work with families from a variety of cultures. Statistical data are presented in one table. A list of 15 references and an eight-item bibliography are included. (FMW)

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Demographics and Cultural Diversity in the 1990s:

Implications for Services to Young Children with Special Needs

Prepared at PACER Center by
Polly Edmunds
Sue Ann Martinson
Paula F. Goldberg

U.S. DEPARTMENT OF EDUCATION
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NEC*TAS

National Early Childhood

Technical Assistance System

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NEC*TAS

is a collaborative system
coordinated by
Frank Porter Graham Child Development Center
The University of North Carolina at Chapel Hill
with
Department of Special Education, University of Hawaii at Manoa
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National Association of State Directors of Special Education (NASDSE)
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July, 1990

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AMERICAN SOCIETY IS CHANGING

The United States is becoming a richer mix of cultures, and multicultural diversity is especially reflected among young children. NEC•TAS recognizes that this diversity presents both opportunities and challenges for people working with infants, toddlers, preschoolers and their families and would like to support their efforts.

The demographics and statistics presented here reinforce the already perceived need for a comprehensive and coordinated early childhood system. If this system is to be community and family based, as Public Law 99-457—the 1986 amendment to the Education of the Handicapped Act that mandates early intervention services for children from birth through five—is designed to be, it is vitally important for states and jurdisdictions to create culturally sensitive and appropriate programs in response to the challenge of our changing society.

We plan to publish a series of papers about cultural diversity. We hope that this paper and others in the future will generate discussion and give you some good ideas, as well as offering opportunities to create effective culturally sensitive policies and programs and to share strategies with others in the field.

Why look at cultural diversity and the new demographics?

For state and local planning and service agencies, various challenges related to cultural diversity have surfaced again and again:

- How can we, as professionals, assure representation and meaningful involvement of families from diverse cultural backgrounds in advisory groups at various levels in our states?
- "Family" and "disability" may have varying meanings in various cultures. How do we prepare professionals at all levels to understand the different meanings of "family" and "disability" among cultures, as well as differing values and other contrasts, and their implications?
- People of color are underrepresented in early childhood fields. What strategies can we use to involve more people from diverse cultural backgrounds in this work?
- Few assessment tools have been normed for specific cultural populations. Why haven't culturally sensitive assessment tools been developed? Are there other ways of measuring children's development besides normative assessment?
- Relative to their total numbers, the rising proportion of African-American, Hispanic, and other children of color in poverty is troubling. How can the needs of these children be addressed?

This paper will set the stage, providing some demographic and statistical information and offering several general strategies that have been useful in making early childhood service systems more responsive. Future papers will cover other topics. We would like your suggestions about what those topics should be (see "We Need Your Ideas!").

We recognize that issues and concerns around cultural diversity are often sensitive areas, and accordingly, we have carefully chosen ideas and words based on advice from many people and from current literature.

We also recognize the danger of generalizing. We know that there is great diversity within any group. General statements about a group of people have the potential to reinforce harmful stereotypes.

But general awareness also has the power to build respect for cultures rooted in representations of reality that unfold from conditions different from our own.

We hope that what we say will cultivate the belief that cultural differences are rightfully acknowledged, respected, and valued. We therefore welcome your comments and opinions, as well as your ideas and strategies.

As America moves to compete in a global economy, and to solve pressing problems in global frameworks, our watchword must be a new respect for the diversity of peoples, of cultures, and of interests. And while we must respond to diversity across oceans and international boundaries, a more pressing need will be to come to grips with the growing diversity of our own society right here in the United States.

Lauro F. Cavazos
U.S. Secretary of Education
Glassboro State College, Glassboro, New Jersey
May 18, 1990

CHANGING DEMOGRAPHICS

Demographic statistics, by their very nature, often reflect racial trends, and this demographic analysis has been presented in a terminology of race. Race and culture, however, are not synonymous terms. For example, the many faces of Asian Americans include Japanese Americans, Chinese Americans, Filipinos, and the more recently arrived Vietnamese, Hmong, Laotian, and Cambodian peoples. Each has a different set of cultural values, beliefs, and life experiences. Ways of perceiving, believing, evaluating, and behaving (Goodenough, cited in Baca, 1986) determine culture, rather than race.

Note: We were sometimes unable to locate comparative statistics for Asian American and Native American groups. Two states have been used as examples in this section, Texas and Minnesota. While they are not intended to serve as national norms, they both represent states that have undergone significant demographic changes in the past twenty years.

A century from now, the population of the United States will be closer to the world balance: 57 percent Asian, 26 percent white, and 7 percent black. (People of Hispanic origin may be of any race, e.g., Native American, white, black, etc.). We are in the middle of a population shift, with predictions that one third of us will be "minority" persons by the year 2000 (Zeller, 1986).

Statistics supporting this trend are:

- Between 1970 and 1980, according to the U.S. Census Bureau, Hispanics increased in number by 61 percent, and it is estimated that the Hispanic population has grown another 30 percent since 1980 (*Minority Issues*, 1987).
- The white population increased only 6 percent, the black population 18 percent between 1970 and 1980 (*Minority Issues*, 1987).
- In 1982, it was predicted that the Asian-American population would more than double in fifteen years (Levy, cited in Chan, 1986).

An example of a dramatic increase in Asian-Americans in certain areas of the United States includes Minnesota:

- Demographers' estimates in Minnesota for 1980 to 1985 include a conservative estimate of an over 50 percent increase in the Asian-American population. (Population Notes, 1988).
- One of the world's largest urban concentrations of Hmong people—15,000—resides in Minneapolis/St. Paul (Spring, 1989).

Texas is an example of a state undergoing major demographic shifts. The population is growing at twice the national average due to in-migration from other states and foreign immigration as well. According to a report by the Hogg Foundation for Mental Health:

- Between 1980 and 1986, two-thirds of these immigrants were from Latin America and 22 percent from Asia.
- Children comprise almost 30 percent of the state's population, and 24 percent of these children live in poverty. Children of color are overrepresented: almost half of the poor children in Texas are Hispanic and 42 percent are black.
- Over three-fourths of these children live in female-headed families where the mother is under age twenty-five (Harris, 1988).

Children of color are the most rapidly increasing group in the U.S. population and the largest at-risk group for disabilities.

By 2010, nearly one quarter of all children in the U.S. will be children of color (U.S. Congress, 1989). Nationwide, significant enrollment changes had already occurred between 1970 and 1980: in 1970 schools were 21 percent nonwhite; by 1980 they were 27 percent nonwhite. Students of color are now the majority in the twenty-five largest school systems in the country (*Minority Issues*, 1987).

Although nationwide the overall population of children has declined, the preschool population of the United States increased by 11 percent between 1980 and 1986 and continues to grow. In a few states the preschool population has decreased, while other states, such as Alaska, Florida, Arizona, California, and Texas, have experienced dramatic increases (U.S. Congress, 1989).

Poverty, in and of itself, is not a cultural attribute. Yet due to the history of racial discrimination in the United States—in spite of strides in the past twenty years—people of color are affected disproportionately by poverty. Connections between poverty and risk for disability are linked to people of color in the United States.

Contributing factors are the:

- lack of access to health care for people of color in general;
- large porportion of children of color who are poor;
- significant percentage of at-risk, high-school dropout women of color under age thirty who are mothers of preschool children;
- direct correlation between a mother's higher education level and early identification of a child's disability or possible disability (the better educated the mother, the earlier the identification).

What is the impact of poverty on children of color?

Children of color living in poverty

The children's poverty rate for blacks is over twice that for whites, with Hispanic poverty rates falling between the two groups (U.S. Congress, 1989), as the "Percent of Children Who Are Poor" chart below indicates.

The poverty rate for children in young families is even higher. According to a Children's Defense Fund analysis for families headed by persons under thirty, the poverty rate for black children in 1987 rose to 61 percent, and for Hispanic children to 53 percent (*Closing the Gap*, 1989).

In 1987, one in five children and one in four *preschool* children lived in poverty (U.S. Congress, 1989), putting preschool children at even greater risk.

In the most recent information for poverty among young Native American children, from the 1980 census, 35 percent were poor, a poverty rate approaching those for Black and Hispanic children (National Center, 1990).

Of the 15.3 million white children under six living in the United States in 1987—70 percent of all children under six—2.1 million were poor. In contrast, in the remaining 30 percent of children of color under six, 2.9 million were poor, making the proportion of young children of color who live in poverty far higher than their white counterparts (National Center, 1990).

More and more people of color, and particularly poor children of color, are concentrated in the inner cities and poor neighborhoods of major metropolitan areas (U.S. Congress, 1989). And increasingly, families with children of all ages may be homeless, that is, have no permanent residence. Families with children of all ages represent about one-third of the homeless at any time (National Center, 1990).

Vulnerability of poor children to develop disabilities early in life

The link between poverty and disabling conditions and learning problems makes the prevalence and persistence of poverty among people of color of significant concern to early childhood professionals.

Early childhood experiences set the patterns for later development. Without early intervention services, the environment of poor young children—all too often part of a cycle of racial discrimination, poverty, and malnutrition—will continue to contribute to their high rates of school failure, dropout, delinquency, early childbearing, and adult poverty (National Center, 1990).

Poor maternal nutrition, low birthweight, and substance abuse by pregnant women have been cited as potential causes of disabilities (*Minority Issues*, 1987). Poor women more often deliver low-birthweight babies and are more likely to have growth retardation or anemia because of poor nutrition (National Center, 1990). And children born to young and black mothers remain disproportionately likely to be of low birthweight (U.S. Congress, 1989).

Yet the WIC (Women, Infants, and Children) program serves less than 50 percent of the high-risk, low-income, eligible population. Although more money has been allotted by Congress for 1990, a 155% increase in the price of infant formula over the last ten years has forced many states to cut the number of WIC recipients drastically.

Not only is the lack of nutritional food available of concern, but also the lack of nutritional counseling, medical help, and immunizations, which are also part of the WIC program (Arnold, May 31, 1990). WIC, like Head Start, has proved to be a cost-effective program, saving many dollars in potential medical bills.

Poor children are also at more risk for accidental injury, higher doses of lead in their environments (which can cause injury to the central nervous system), and prenatal exposure to drugs and AIDS (National Center, 1990). These risk areas, as well as the increasing number of many types of drug-addicted/exposed babies, make early detection essential.

Along with other substance abuse, an area for concern is Fetal Alcohol Syndrome (FAS). Alcohol consumption by pregnant women is implicated in five percent of all cases of birth defects (Broderick, February 7, 1990).

Percent of Children Who Are Poor (1988)

Age of Child	Total	White	Black	Hispanic
Younger than 3	*23.3*	*17.3*	*50.4*	*43.6*
Younger than 18	*19.2*	*14.1*	*43.5*	*37.6*

U.S. Census Bureau October, 1989

EPSDT—Early and Periodic Screening, Diagnosis, and Treatment, a program designated by Title XIX of the Social Security Act and a component of Medicaid—was created for providing preventive and coordinated medical care to children of low-income families. Yet in 1989, according to the U.S. Department of Health & Human Services, only 34%, or about three and one-half million, of the ten and one-half million children eligible for Medicaid received EPSDT services—and the actual number may be smaller because of more than one screening per child. While recent changes in EPSDT legislation have made it possible for more children to participate in EPSDT, the full potential of the program to serve young children is not being utilized.

Preschool children are America's poorest age group.

Single mothers, poverty, and teen pregnancy

In 1987, 46 percent of female-headed families with children and approximately 60 percent of female-headed families with *preschool* children were poor (U.S. Congress, 1989). A significant factor is the increasing number of single and unwed mothers, both white and women of color, who are high-school dropouts. In 1986, 63 percent of black and 43 percent of Latina high-school dropout mothers were unmarried, and these women are often the parent of at least one preschool child (*Closing the Gap,* 1989).

- Households with children under 18 headed by black or Hispanic women are one-and-a-half times as likely to be in poverty as those headed by white women (U.S. Congress, 1989).
- About 24 percent of white families are headed by 15- to 24-year-olds who live in poverty, but the percentage jumps to 38 percent for Hispanics and 57 percent for blacks (*Closing the Gap*, 1989).
- Almost half (47 percent) of these Hispanic poor families and three-quarters (75 percent) of these black poor families are headed by single women. *(Closing the Gap, 1989)*.
- Between 1980 and 1987 the median income of children living in single-parent families declined by 19 percent (U.S. Congress, 1989).

Children born outside of marriage living with single mothers are at the greatest risk of long-term poverty (National Center, 1990).

A recent study by the Children's Defense Fund, based on statistics from 1980 to 1984, showed that within Minnesota poor rural counties had the highest rates of teen pregnancy and that the majority of young mothers were white. (A sex education curriculum for kindergarten through 12th grade in one at-risk county in Minnesota was effective in reducing the birth rates for girls under age 19 from 11 percent in 1978 to 2.9 percent in 1985.) (Hopfensperger, 1990). While the results of the study showed that teen pregnancy in Minnesota is related more to poverty than to urban location and race, it does not take into account the lack of access to health-care systems that exists for people of color, or that nationally, across all education levels, white women have fewer children than women of color (U. S. Congress, 1989).

Child support

The likelihood of child support is highest when the mother is legally divorced, is white, or has a college education. Poverty rates of women receiving child support have increased since 1978. These rates are particularly high for mothers who have never been married, have little education, and have more than two children. Completing high school greatly decreases the chances of living in poverty for these mothers.

- The number of children in poverty receiving Aid to Families with Dependent Children (AFDC) declined from 73 percent in 1975 to 56 percent in 1987 (U.S. Congress, 1989).
- Child support amounts are lowest for less educated, never married, and minority women (U.S. Congress, 1989).

Health care

Although poor children in general suffer from lack of health care, white children under six were more likely than black, Hispanic, or other children of the same age to be covered by health insurance. (U.S. Congress, 1989).

The findings of the Robert Wood Johnson Foundation's Collaborative Study of Children with Special Needs strengthen conclusions drawn by others. The Johnson study analyzed the effect of Public Law 94-142 (Education for All Handicapped Children Act) in five large metropolitan school districts: Milwaukee (WI), Houston (TX), Charlotte-Mecklenburg (NC), Santa Clara County (CA), and Rochester (NY).

They concluded that gaps in access to health care in the communities they monitored often exist for poor children and children of color, who have persistent problems in obtaining health services. The impact of Public Law 94-142 is lessened in states with weak Medicaid, mental health, and child service agencies (Robert Wood Johnson, 1988). The ability of health-care agencies to provide services will also affect the implementation of Public Law 99-457, most particularly EPSDT services, since Medicaid administers EPSDT.

In 1988, 20 percent of all children had no form of public or private insurance, compared to 17 percent in 1982 (U.S. Congress, 1989).

The Johnson Study also determined that the age at which a child's problem was discovered was in direct correlation to the mother's education level—the better the education of the mother, the earlier the problem was found, yet many young mothers are high-school dropouts.

These national demographics and statistics support the perceived need for a comprehensive and coordinated community-based early childhood system. Demographics vary from state to state, so it is vital that each state look at its own demographic trends, including cultural and geographic distribution, before developing inclusion strategies.

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INTERVIEWS: WHAT WE CAN DO

In order to gather ideas about strategies that have been effective in meeting the challenge of changing demographics, we decided to talk to some of you who are working each day to make your systems more responsive to a richer mix of cultural groups. In choosing people to interview, we wanted to talk to people in different positions in the early childhood system, from parents to agency representatives. We chose people from states with varied cultural groups and asked two questions of each person.

Their observations and suggestions follow.

The two questions are:

- ***Demographic trends indicate that the population of young children in the U.S. is becoming increasingly culturally diverse. What issues do you believe this increase raises for state early intervention and preschool planners?***
- ***What are some strategies you would suggest to help these systems become more culturally responsive?***

JULIA KIRBY, TEXAS

"We, in Texas, feel we need to do much more to reach culturally diverse groups. We are doing a lot of general public awareness and information for our programs. We produce PSAs, brochures, public service campaigns, newsletters, etc. But we need to target our materials.

"Our state Part H program provides funding for services through grants to seventy-five service providers. Their grants require that each program have a plan for public awareness and Child Find. The state office provides technical assistance and materials to the programs.

"Some projects have tried innovative approaches. For example, one project has a weekly cable television program and works closely with county extension agents. Two of our programs specifically target minority communities. One is a program for children at risk in the Hispanic community. The other, now in its first year, reaches out to the Vietnamese community.

"I feel public awareness is best done locally with state office support, because the local programs know the people in their communities. The media in their communities will be more interested in local events and will be more responsive to information coming from a program in their area than from a distant state office. Local programs are involved in helping plan statewide media campaigns and brochures because they will be using the materials, and they know what will work in their local communities.

"We serve many cultures, including Vietnamese and Chinese in addition to Hispanic, and many income levels in Texas. Of course, the biggest cultural group is Hispanic and this group is growing. We have translated some brochures and posters into Spanish and our public service announcements are in English and Spanish. Before we publish anything for this group, we ask, Is this something that the people who might come to our programs will be able to read? Is it being translated into a dialect of Spanish that they understand?

"We are making efforts, but there is so much more to do. I would like to see a task force made up of people from various cultural communities. The task force could look at such questions as, What are the community's needs for information? How are we reaching and not reaching them? What materials should we produce? How should we approach the community? After all, the people from those communities should best be able to answer those questions."

Julia Kirby is the public information specialist for the Texas Early Childhood Intervention Program. She has fifteen years experience in public relations with social services and has a master's degree in journalism and mass communication.

SUMMING IT UP: STRATEGIES — *Julia Kirby*

- Target public awareness locally, with state office support.
- Involve local programs in planning statewide public awareness campaigns.
- Translate materials and public service announcements into languages appropriate for communities.
- Involve cultural groups in planning public awareness activities.

JUSTINE STRICKLAND, NEW YORK

"First, the field of early intervention needs to look at what our major personnel needs are and what personnel preparation initiatives will be developed in the coming years to address the dearth of minority providers and minority professionals in leadership roles. We have an increasingly diverse consumer population composed of primarily African-American and Latino low-income families, but we have a cadre of white middle-class professionals who are attempting to understand the changing strengths and needs of these children and their families.

"Second, an increasing number of mothers and their children live in poverty. When we talk about unserved or underserved people, we usually mean those who don't access our services. How do we coordinate with existing service providers? How do we identify leaders in communities who are underserved? Our usual public awareness strategies—800 numbers and flyers—are probably not appropriate, because these communities are often isolated or alienated from the white-dominated system. We need to search for more innovative, unorthodox strategies.

"Agency providers should be mandated to collaborate with community organizations, leaders, and providers in developing service strategies. If an agency serves formerly unserved families, they say, 'Fine.' But if an agency does not initiate services to unserved families there are no sanctions, either negative or positive, that encourage the inclusion of culturally different groups, and it is 'business as usual.'

"It takes a long time to build trust in communities that have populations culturally and linguistically different from the service providers. Often families in these communities are reluctant to use services for their own cultural reasons, and also because they feel alienated when they attempt to access the system and none of the significant providers is representative of their cultural or linguistic background.

"On the lower east side in Manhattan, we serve many diverse populations. In order to build a relationship with many of the community residents, we became a resource to the community. Many times the resources we provided had nothing to do with early intervention—such as help with finding housing and jobs and sitting on community school committees and boards. We just wanted to develop a helpful relationship, which hopefully would translate into the community trusting us to provide the services they wanted and requested."

Interviewer: "Could you share some of your ideas about why it is often difficult to involve people from diverse cultural communities in advisory groups?"

"Our current systems are so alienating. Often I have been the only minority person on a committee. The dearth of minority leadership in the field has created a closed system of white middle-class professionals who make decisions for culturally and linguistically different children and families.

"The lack of minority professionals on these committees and advisory groups speaks to how committed an organization is in reaching and appropriately serving children and families of diverse backgrounds. Professionals of color have become increasingly discouraged with the lack of progress these advisory groups are making in regard to the services in our communities. We are beginning to organize our own advocacy groups to address some of the unanswered questions.

"In New York City, we have formed a group called Advocates for African-American Children. We are composed of African-American professionals from all areas of human services who are dedicated to making a difference in the service delivery system for African-American children.

"We plan to work constantly with provider systems and make them aware of the strengths and needs of our communities. We also insist on a level of accountability from these agencies as they address the needs of the African-American community."

Justine Strickland is Director of the East River Child Development Center and Chair of the Interagency Coordinating Council of New York State.

SUMMING IT UP: STRATEGIES — *Justine Strickland*

- Develop initiatives for increasing the number of minority professionals in the early childhood field.
- Increase the number and involvement of minority persons on advisory and policymaking committees.
- Mandate collaboration with cultural communities providing services.
- Increase trust by being a resource for cultural communities.

DEBI TISDALE, WASHINGTON

"I believe one issue in personnel preparation is that those delivering services need to move beyond 'cultural awareness,' that there needs to be a cultural knowledge based on experience. If a person went to a cultural event, for example, a *Cinco de Mayo* celebration, that person would listen to music, see folk dancing, and get a positive, multisensory experience of a culture. That experience could be more positive than a lecture on a culture, which might perpetuate stereotypes.

"Another issue involves our vision of P.L. 99-457, of community-based, family-centered services. The rules and regulations specify help and support to families, and a lot of energy is directed to the service delivery system, but there is no offer of help and support to communities. When I have heard any discussion of services, the thought is of services to the American 'white' community, not to the cultural community or communities that might exist within an area.

"Certainly another issue is the lack of services for children 'at risk.' We know that the great majority of these children are from diverse cultural communities. Not providing services to this population is knowingly denying services—discrimination toward a group of children we know need help to survive in the 'American' culture.

"Several strategies come to mind in response to your second question. First, we need to support cultural communities in talking about what they see their problems to be. Too often someone from the outside looks in to see what needs to be 'fixed'. Services have been provided *to* them. We need to start supporting groups *with* services they have identified themselves.

"Second, we need to support representatives of diverse cultural groups in policymaking bodies. That doesn't mean just inviting someone to a meeting. Too often people of color have been used as tokens, and as a result do not feel their opinions are valued. Meeting with groups in the community and finding how they wish to participate is usually effective.

"Parents, service providers, and community leaders need to make legislators aware of the issues and put pressure on them. If they open their eyes, the facts are in front of them: high school drop-out rates, high unemployment or underemployment, large prison populations. It is a case of now or later, and we're experiencing 'later' all around us."

Debi Tisdale is a parent member of the Federal Interagency Coordinating Council (FICC) and also the Washington ICC and her local county ICC. She is the Family Resource Coordinator at PAVE, the parent training center for Washington. Of Spanish and Indian heritage, she lives with her two children, Josh, 6, who has cerebral palsy, and Jessica, 4, in Tacoma.

SUMMING IT UP: STRATEGIES — *Debi Tisdale*

- Ask community groups what their service needs are.
- Support community groups with services they identify for themselves.
- Provide support for persons of color who serve in advisory and policymaking groups.
- Raise public awareness of the issues.

True social change, however, will demand more than pragmatic attitudes or technical prowess, more than merely *managing* the distinct currents of race, ethnicity, gender, and culture in our society. Building the new, more pluralistic America calls for the exercise of virtue in tapping the strengths of diversity, and for the full participation of all our citizens in the economic, political, and social life of this Nation.

Lauro F. Cavazos
U.S. Secretary of Education
Glassboro State College, Glassboro, New Jersey
May, 1990

ROBYN WIDLEY, MINNESOTA

"For me, changing demographics raise several issues. First, how do we work with a variety of families. Different cultures often require different strategies, and middle-class professionals are not trained in these strategies. We need to train service providers about various cultures, both at preservice and inservice levels, and look at licensure requirements. We should begin training more paraprofessionals who are people of color.

"Numerous cultural differences may affect our success in working with families. For example, it may not be appropriate to begin asking questions right away; using more visual communication is effective in some cultures; various family members may need to be involved—more than just the parents.

"Second, we need to have public awareness materials that are appropriate to the families we want to serve, which may mean translating materials into appropriate languages and dialects. And we may need to look outside our own agencies for resources and strategies that work.

"Finally, we should increase representation and participation from groups of people of color in policymaking groups. We need to learn more effective ways to communicate."

Robyn Widley is 619 Coordinator and Specialist in Early Childhood Special Education at the Minnesota Department of Education. Before she returned to the Midwest (where she had grown up), she was Early Childhood Specialist for the Western Regional Resource Center in Eugene, Oregon. She has been a special education teacher and the coordinator of an HCEEP project in northern Minnesota.

SUMMING IT UP: STRATEGIES — *Robyn Widley*

- Train service providers about working with families from a variety of cultures.
- Recruit more people of color to be professionals and paraprofessionals in all parts of the service system.
- Translate public awareness materials into appropriate languages and dialects.
- Increase participation from diverse groups of people of color in policymaking groups.

ADDITIONAL RESOURCES

Anderson, P.P. & Fenichel, E.S. (1989). *Serving Culturally Diverse Families of Infants and Toddlers with Disabilities.* Washington, DC: National Center for Clinical Infant Programs. (Available from NCCIP, 733 15th Street NW, Suite 912, Washington, D.C. 20005 202/347-0308.)

A Bibliography of Selected Resources on Cultural Diversity for Young Children Who Have, or Are at Risk for, Disabilities. (1989). Chapel Hill, NC: NEC•TAS (Available from PACER Center, 4826 Chicago Avenue South, Minneapolis, MN 55417 612/827-2966; $6.00.)

Cross, T.L., Bazron, B.J., Dennis, K.W., & Isaacs, M.R. (1989). *Toward a Culturally Competent System of Care.* National Institute of Health, Child and Adolescent Service System Program (CASSP). (Available from CASSP Technical Assistance Center, Georgetown University Child Development Center, 3800 Reservoir Road NW, Washington, D.C. 20007 202/687-8645.)

Cross, T.L. (Fall, 1988). Cultural Competence Continuum. *Focal Point*, *3*(1), 1-3. (Also included in *Toward A Culturally Competent System of Care* – see above.)

Ethnic and Multicultural Bulletin. The *Bulletin* is published two to three times a year by the Council for Exceptional Children, Office of Ethnic and Multicultural Concerns. (Office of Ethnic and Multicultural Concerns, The Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091-1589 703/620-3660.)

Larry P. Task Force Report: Policy and Alternative Assessment Guideline Recommendations. (1989). Sacramento, CA: Division of Special Education, California State Department of Education. (Available from Division of Special Education, State Department of Education, P.O. Box 944272, Sacramento, CA 94244-2720 916/323-4768.)

Lieberman, A.F. (December, 1987). What is Culturally Sensitive Intervention? Paper presented at the National Center for Clinical Infant Programs, Winter Meeting, Washington, D.C. (Available from A.F. Lieberman, Infant-Parent Program, San Francisco General Hospital, Building 9, Room 30, 2550-23rd Street, San Francisco, CA 94110.)

Toward Multiculturalism. (Summer, 1989). *Coalition Quarterly.* Boston, MA: Technical Assistance for Parent Programs (TAPP). (Available from TAPP, Federation for Children with Special Needs, 95 Berkeley Street, Suite 104, Boston, MA 02116 617/482-2915.)

DEVELOPING CULTURALLY COMPETENT SYSTEMS:
Strategies for multicultural inclusion

Many strategies for increasing the responsiveness of our systems for infants, toddlers, and preschoolers to a variety of cultural groups have been suggested in the preceding interviews. Here are other strategies we have found in discussion and reading:

Look at your state's demographics and ask:

- Are we serving families from our various cultural groups in proportion to their numbers in the total population? If not, why not?
- Are staff in proportion? What can we do to make staff ratios more reflective of families served?
- Are our advisory groups reflective of our demographics? What can we do to be inclusive in policy- and decision-making groups?
- Do our public awareness materials reflect our state's demographics, both cultural and geographic? Are pictures of children of color included in written materials and TV or video programs? Are videos and announcements on TV and radio, printed materials, and 800-numbers provided in languages other than English?

Actions to take:

- Plan paraprofessional training programs and recruit participants from culturally diverse communities.
- Plan and implement inservice opportunities about multicultural topics for current staff members.
- Include language about cultural diversity in your policy statements, state plan, and in all Requests for Proposals (RFPs).
  (In the RFP from the Minnesota Interagency Planning Project for Young Children the following is required: "Applications must demonstrate the involvement of groups and individuals who will provide input regarding specific issues affecting minority children with handicaps and their families.")
- Involve community leaders of color in planning for services that affect their own communities.
- Encourage institutions of higher education in your state to find and educate professionals who are people of color.
- Coordinate community-based services to most effectively and efficiently serve children's and families' needs.
- Develop and implement culturally sensitive screening and assessment processes that are both child and family focused.

WE NEED YOUR IDEAS!

This paper has been about demographics. We have thought of some ideas for future topics, such as assessment issues and personnel preparation, but we'd like your suggestions as well. Please list them here. Also, in this paper we've assembled some strategies for making early childhood efforts more responsive to the cultural diversity of families in this country. We need your suggestions for strategies and models that have worked for you and your organization. Please list them below or attach them.

IDEAS AND TOPICS FOR FUTURE ISSUES:

SUCCESSFUL STRATEGIES:

Please send your comments, topics, ideas, and suggested strategies to NEC•TAS Cultural Diversity, c/o PACER Center, 4826 Chicago Avenue South, Minneapolis, MN 55417; (612) 827-2966.